

Overview of Colorado High Impact Prevention STI/HIV/VH

In the past 25 years, most preventive interventions focused primarily on the proximal causes of HIV infection (i.e., sexual behavior). However, all stakeholders in the field have recognized for years that other components such as structural, epidemiological, biological, and behavioral risks of HIV infection share significant overlaps in the web of causation with other infections such as hepatitis B and C and other STIs, mental illness and substance use as well as other socio economic deprivations in defined geographical areas. Because these constellations of risks and disease have an observable synergy with HIV, “structural interventions” have been introduced for their potential to address undercurrent drivers of the HIV epidemic. Modern prevention policies strive to mirror the intersection of health and prevailing social circumstances of the population of interest. It is widely recognized in public health practice that structural interventions that optimize the context in which health is produced and reproduced do typically involve regulatory, funding, and other policy-style mechanisms to enhance the availability, acceptability, and accessibility of preventive services or behaviors.

The recognition that HIV prevention also encompasses treatment of HIV positive persons to become less infectious totally revolutionized the field of prevention. The scope of HIV prevention is captured with the National HIV and AIDS Strategy. HIV care and treatment is part of the prevention continuum portfolio that necessitates the coordinated work of multiple partners that have historically functioned in silos.

Conceptual Model

This policy initiative is specifically designed to empower communities to plan and tailor effective structures for outreach, testing, referral and treatment of STIs/HIV and hepatitis. Such a model requires cooperation between local prevention agencies, the medical and behavioral health providers to design a multidisciplinary system of referral. This approach must facilitate an open door to culturally competent services that encompass referrals to social services. Local partners should plan together to foster integrated care, and to increase operational efficiencies. Joint leadership at the local levels is essential for optimal program collaboration and service integration. The following diagram is a visual depiction of the concept of a referral network.



Ultimately, alignment with the Affordable Care Act should generate the optimal resources to ensure financial sustainability of the local networks created, with lasting impact on the sexual health disparities in local communities.

Targeting Low Risk Communities: Through Local Program Collaboration and Service Integration (PCSI)

PCSI is a significant component of the plan developed by the Section to operationalize the “Colorado High Impact Prevention” (CO-HIP). Although rural Colorado has very low prevalence of HIV, other STIs and hepatitis remain high across the State. The PCSI initiative is to build capacity in all 64 Counties to address conditions that share the same modes of transmission with HIV. Implementing comprehensive planning and cross disciplinary response to STI/HIV/VH at the local level will enhance health equity. The CO-HIP strategy is to dynamically engage local community agencies anchored by shared procedures to operate integrated network of impactful services. The basic tenets of PCSI are to identify and implement a “combination or multi-disciplinary approach” to effectively prevent STI/HIV/VH in targeted communities. These efforts must aim at supplementing or capitalizing on existing programs to intensify programming and focus efforts on key at-risk populations.

CDPHE staff will provide technical assistance to the funded agencies to determine what mix of STI/HIV/VH prevention approaches can have the greatest impact in the local catchment areas. Based on the local epidemic profile the networks will formulate ways to address current gaps in their prevention portfolios. While the exact combination of approaches will vary by area, efforts funded under this program will follow a basic approach of:

- Targeted STI/HIV/VH testing to reduce undiagnosed infections;
- Prioritizing access to prompt STI/HIV/VH treatment;
- Referrals to access social services such as housing, transportation and food assistance;
- Promotion and enhanced distribution of free condoms;
- Culturally competent services for linkage, retention, and quality of care;
- Behavioral interventions for at risk groups;
- VH immunization;
- Needle exchange programs;
- Partnerships for socio-economic and behavioral interventions;
- Tailored services for people living with HIV, mental illness and substance use; and
- Directing such intensified prevention package to targeted groups with the highest burden of STI/HIV/VH.

CO-HIP represents a game-changing effort by the Section to support a better coordinated response to STI/HIV/VH at the local level. The model depicted demonstrates the Section’s commitment to maximizing the impact and efficiency of STIs/HIV prevention funds. The implementation of the CO-HIP initiatives is aligned with the NHAS mandate to target prevention to communities and geographic areas where HIV is most heavily concentrated. PCSI expands efforts across Colorado to reduce STIs/HIV/VH incidence, improve the health of people living with HIV, and reduce sexual health disparities by using a combination of cost-effective, medical, behavioral and structural approaches that can be scaled and calibrated to meet local needs.